

<p><b>Instructions ▼</b></p> <p>Check the box to the right if your case involves custody, visitation, or removal of a child.</p> <p>Enter the appellate court case number.</p> <p>Just below "In the Appellate Court of Illinois," enter the number of the appellate district where the appeal was filed.</p> <p>If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party filed the appeal ("appellant") and which party is responding to the appeal ("appellee").</p> <p>To the far right, enter the trial court county, trial court case number, and trial judge's name.</p>	<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> <b>THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a).</b> </div> <div style="text-align: center; margin-top: 20px;"> <b>Appellate Case No.:</b> _____         </div> <div style="text-align: center; margin-top: 10px;"> <b>IN THE APPELLATE COURT OF ILLINOIS</b> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <span style="border-bottom: 1px solid black; width: 200px; display: inline-block;"></span> <b>District</b> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 65%;"> <p><b>In re</b> _____</p> <p>_____</p> <p><b>Plaintiff/Petitioner</b> <i>(First, middle, last names)</i></p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> <b>Appellant</b> <input type="checkbox"/> <b>Appellee</b> </div> <p style="margin-top: 10px;">v.</p> <p>_____</p> <p><b>Defendant/Respondent</b> <i>(First, middle, last names)</i></p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> <b>Appellant</b> <input type="checkbox"/> <b>Appellee</b> </div> </div> <div style="width: 30%; padding-left: 20px;"> <p><b>Appeal from the Circuit Court of _____ County</b></p> <p><b>Trial Court Case No.:</b> _____</p> <p><b>Honorable</b> _____</p> <p><b>Judge, Presiding</b></p> </div> </div> </div>
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## BYSTANDER'S REPORT

### 1. Dates of Hearing or Trial:

In **1**, enter all of the hearing or trial dates that you will describe in this *Bystander's Report*. You also must enter the time each hearing or trial started and the name of the judge.

- a.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

☐ a.m.   ☐ p.m.

Judge: \_\_\_\_\_
- b.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

☐ a.m.   ☐ p.m.

Judge: \_\_\_\_\_
- c.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

☐ a.m.   ☐ p.m.

Judge: \_\_\_\_\_
- d.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

☐ a.m.   ☐ p.m.

Judge: \_\_\_\_\_
- e.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

☐ a.m.   ☐ p.m.

Judge: \_\_\_\_\_

[illegible]

DRAFT

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Telephone \_\_\_\_\_

Date \_\_\_\_\_

**PROOF OF SERVICE (You must serve the other party and complete this section)**

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

**CAUTION:** If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

In **c**, fill in the date and time that you sent the document.

In **2**, if you sent the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

**1. I sent this document:**

**a. To:**

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Address: \_\_\_\_\_

*Street, Apt #*

*City*

*State*

*ZIP*

Email address: \_\_\_\_\_

**b. By:**

☐

Personal hand delivery

☐

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

☐

Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
*Name (for example, FedEx or UPS) and office address*

☐

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

☐

Email (not through an EFM or EFSP)

☐

Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

**c. On:**

\_\_\_\_\_  
*Date*

At: \_\_\_\_\_

\_\_\_\_\_  
*Time*

☐

a.m.

☐

p.m.

**2. I sent this document:**

**a. To:**

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Address: \_\_\_\_\_

*Street, Apt #*

*City*

*State*

*ZIP*

Email address: \_\_\_\_\_

**b. By:**

☐

Personal hand delivery

☐

Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

☐

Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
*Name (for example, FedEx or UPS) and office address*

☐

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

☐

Email (not through an EFM or EFSP)

Enter the Case Number given by the Appellate Court Clerk: \_\_\_\_\_

☐ Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

c. On: \_\_\_\_\_  
*Date*

At: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
*Time*

In 3, if you sent the document to more than 2 parties or lawyers, fill in **a**, **b**, and **c**. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

Email address: \_\_\_\_\_

b. By: ☐ Personal hand delivery  
☐ Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

\_\_\_\_\_  
*Address of Post Office or Mailbox*

☐ Third-party commercial carrier, with delivery paid for at:

\_\_\_\_\_  
*Name (for example, FedEx or UPS) and office address*

☐ The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

☐ Email (*not through an EFM or EFSP*)

☐ Mail from a prison or jail at:

\_\_\_\_\_  
*Name of prison or jail*

c. On: \_\_\_\_\_  
*Date*

At: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
*Time*

If you are serving more than 3 parties or lawyers, fill out and insert 1 or more *Additional Proof of Service* forms after this page.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

**I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

/s/ \_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Print Your Name*